

VICTIM / BUSINESS

VICTIM / BUSINESS INFORMATION	Victim Name: (Last, First, Middle) (Or Business Name)			# of Victims:	Height	Weight	Hair	Eyes
	Residence Address (Street, Apt, City, State, Zip)			DOB	Age: Juv <input type="checkbox"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
	Alias (Last, First, Middle)		Alias DOB:	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Unknown				
	Home Phone	Alternate Phone	<input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> Pager <input type="checkbox"/> Relative	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
	Age: <input type="checkbox"/> NN - Under 24 Hours <input type="checkbox"/> 01 to 98 - Exact Age		<input type="checkbox"/> NB - 1-6 Days <input type="checkbox"/> 99 - Over 98 Years Old	<input type="checkbox"/> BB 7 - 364 Days <input type="checkbox"/> 00 Unknown				
	Victim Type: (<input checked="" type="checkbox"/> one) <input type="checkbox"/> I - Individual <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> B - Business		<input type="checkbox"/> G - Government <input type="checkbox"/> P - Police Officer	<input type="checkbox"/> S - Society / Public <input type="checkbox"/> O - Other	<input type="checkbox"/> R - Religious Organization <input type="checkbox"/> U - Unknown			
	Resides in Jurisdiction Status: (<input checked="" type="checkbox"/> one) <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown							
SMTI	Location		Tattoo	Scar	Piercing	Birthmark	Description	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed	
CONTACT INFO	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Maiden Name Spouse / Other				
	Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Other _____			Parents' Status <input type="checkbox"/> Together <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased				
	Current School			Grade				
	Current Employer	Name	Address	Phone	Occupation			
AGGRAVATED ASSAULT/HOMICIDE	Aggravated Assault/Homicide Circumstances: (<input checked="" type="checkbox"/> up to 2)			50 <input type="checkbox"/> Argument / Money or Property 51 <input type="checkbox"/> During a Divorce/Separation				
	01 <input type="checkbox"/> Argument	06 <input type="checkbox"/> Lover's Quarrel	11 <input type="checkbox"/> Drug Related	52 <input type="checkbox"/> Child Killed by Babysitter 53 <input type="checkbox"/> Shaken Baby Syndrome 00 <input type="checkbox"/> No Apparent Motive				
	02 <input type="checkbox"/> Assault on Officer	07 <input type="checkbox"/> Mercy Killing	12 <input type="checkbox"/> Drug Related - Under Influence					
	03 <input type="checkbox"/> Drug Dealing	08 <input type="checkbox"/> Other Felony Involved	13 <input type="checkbox"/> Drug Related - Innocent Bystander					
	04 <input type="checkbox"/> Gangland	09 <input type="checkbox"/> Other Circumstances	14 <input type="checkbox"/> Alcohol - Under Influence					
	05 <input type="checkbox"/> Juvenile Gang	10 <input type="checkbox"/> Unk. Circumstances						
	Negligent Manslaughter: 30 <input type="checkbox"/> Child Playing With Weapon 31 <input type="checkbox"/> Gun Cleaning Accident 32 <input type="checkbox"/> Hunting Accident							
Justifiable Homicide: 20 <input type="checkbox"/> Criminal Killed by Citizen 21 <input type="checkbox"/> Criminal Killed by Officer								
Justifiable Homicide: A <input type="checkbox"/> Criminal Attacked PO, That PO Killed Criminal D <input type="checkbox"/> Criminal Attempted To Flee Crime G <input type="checkbox"/> Unable to Determine								
B <input type="checkbox"/> Criminal Attacked PO, Other PO Killed Criminal E <input type="checkbox"/> Criminal Killed in Commission of Crime								
C <input type="checkbox"/> Criminal Attacked Civilian F <input type="checkbox"/> Criminal Resisted Arrest								
Injury Type: (<input checked="" type="checkbox"/> up to 5) B <input type="checkbox"/> Broken Bones I <input type="checkbox"/> Possible Internal Injuries O <input type="checkbox"/> Other Major U <input type="checkbox"/> Unconscious								
L <input type="checkbox"/> Severe Laceration M <input type="checkbox"/> Minor Injury T <input type="checkbox"/> Loss of Teeth N <input type="checkbox"/> None								
RELATIONSHIP	Relationship of Victim to Offender:		Victim is related to Offender # _____					
	SE <input type="checkbox"/> Spouse SB <input type="checkbox"/> Sibling CO <input type="checkbox"/> Cohabitant CP <input type="checkbox"/> Profession Care Provider EE <input type="checkbox"/> Employee							
	ST <input type="checkbox"/> Stranger SP <input type="checkbox"/> Step-Parent BG <input type="checkbox"/> Boy/Girlfriend CR <input type="checkbox"/> Profession Care Receiver ER <input type="checkbox"/> Employer							
	EX <input type="checkbox"/> Ex-Spouse SC <input type="checkbox"/> Step-Child XR <input type="checkbox"/> ExBoy/Girlfriend OB <input type="checkbox"/> Other Business Relationship NE <input type="checkbox"/> Neighbor							
GP <input type="checkbox"/> Grandparent SS <input type="checkbox"/> Step-Sibling HR <input type="checkbox"/> Homosexual Relation RU <input type="checkbox"/> Relationship Unknown AQ <input type="checkbox"/> Acquaintance								
GC <input type="checkbox"/> Grandchild IL <input type="checkbox"/> In-Law CF <input type="checkbox"/> Child of Boy/Girlfriend CS <input type="checkbox"/> Common Law Spouse VO <input type="checkbox"/> Offender								
PA <input type="checkbox"/> Parent OF <input type="checkbox"/> Other Family BR <input type="checkbox"/> Babysitter RO <input type="checkbox"/> Roommate FR <input type="checkbox"/> Friend								
CH <input type="checkbox"/> Child DV <input type="checkbox"/> Other DV BE <input type="checkbox"/> Babysittee (Baby) OK <input type="checkbox"/> Other Known Relationship								
When Victim suffered a Sexual Assault Indicate the Degree of Assault: <input type="checkbox"/> 01 - 1st Deg <input type="checkbox"/> 02 - 2nd <input type="checkbox"/> 03 - 3rd <input type="checkbox"/> 04 - 4th								
HATE / BIAS	Hate / Bias Crime Committed Toward							
	<input type="checkbox"/> 11- White <input type="checkbox"/> 12- Black <input type="checkbox"/> 13- Amer. Ind. / Alaskan Native <input type="checkbox"/> 14- Asian/Pac. Islander <input type="checkbox"/> 21- Jewish							
	<input type="checkbox"/> 22- Catholic <input type="checkbox"/> 23- Protestant <input type="checkbox"/> 24- Islamic <input type="checkbox"/> 25- Other Religion <input type="checkbox"/> 26- Atheist/Agnostic							
<input type="checkbox"/> 31- Arab <input type="checkbox"/> 32- Hispanic <input type="checkbox"/> 33- Oriental <input type="checkbox"/> 34- Other Ethnicity/National Origin <input type="checkbox"/> 44- Heterosexual <input type="checkbox"/> 45- Bisexual								
<input type="checkbox"/> 41- Male Homosexual <input type="checkbox"/> 42-Anti Fem. Homosexual <input type="checkbox"/> 43- Homosexual (both) <input type="checkbox"/> 88-None <input type="checkbox"/> 99-Unknown								
LEOKA	Complete this section when an officer is a victim:							
	Officer Assignment							
	1 <input type="checkbox"/> Two Officer Vehicle		4 <input type="checkbox"/> Detective or Special Assignment - Alone		7 <input type="checkbox"/> Off Duty - Assisted			
	2 <input type="checkbox"/> One Officer Vehicle		5 <input type="checkbox"/> Detective or Special Assignment - Assisted		8 <input type="checkbox"/> Other - Alone			
	3 <input type="checkbox"/> One Officer Vehicle - Assisted		6 <input type="checkbox"/> Off Duty - Alone		9 <input type="checkbox"/> Other - Assisted			
	Officer Activity							
A <input type="checkbox"/> Responding to Disturbance Call		E <input type="checkbox"/> Civil Disorder		I <input type="checkbox"/> Mentally Deranged				
B <input type="checkbox"/> Burglary in Progress, Chasing Burg Suspect		F <input type="checkbox"/> Handling / Transport / Custody of Prisoner		J <input type="checkbox"/> Traffic Pursuits or Stops				
C <input type="checkbox"/> Robbery in Progress, Chasing Robbery Suspect		G <input type="checkbox"/> Inv. Suspicious Persons or Circumstances		K <input type="checkbox"/> All Other				
D <input type="checkbox"/> Attempting Other Arrest		H <input type="checkbox"/> Ambush - No Warning						
Victim #		Victim of Offense Number(s)						